

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

320

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

248

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 8 days
In this community. Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Dennis Green

3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex. Male 2 5. Color or race. Col 6. (a) Single, widowed, married, divorced. Widower
6. (b) Name of husband or wife. Cinderella 6. (c) Age of husband or wife if alive. Deceased
7. Birth date of deceased. November 19, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 1 18 hr. min.

9. Birthplace. Edwardsville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation. Unemployed

11. Industry or business.

12. Name. Felix Green
13. Birthplace. Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name. Maggie Charolette Bryant
15. Birthplace. New Madrid Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. R. M. C. Green
(b) Address. 3517 Laclede Avenue

17. (a) Burial (b) Date thereof. 1/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Edwardsville, Illinois

18. (a) Signature of funeral director. J. H. Harrison
(b) Address. 2906 Lawton Avenue

19. (a) JAN 9 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis,
(c) City or town. St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2915 Franklin
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. January day. 7
year. 1942 hour. 12 minute. 40 P. M.

21. I hereby certify that I attended the deceased from December 30,
19. 41 to January 7, 19. 42

that I last saw him in alive on January 7, 19. 42
and that death occurred on the date and hour stated above.

Immediate cause of death. Uremia
Duration 2 days

Due to Urethral Stricture 1 year
Undetermined

Due to.....

Other conditions. 136 a
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature. W. F. Fletcher (M. D. or other)
Address. 2601 N. Whittier Date signed. 1-8-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by M. L.

....., Registered Apprentice No.
working under my personal supervision.

Signed Clark Y. Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.